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APPLICANTS								,
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NONE J								
** FOREIGN APPLICA NONE 1 A	TIONS ************************************							
IF REQUIRED, FOREI ** 02/19/2002	GN FILING LICENSE GRANTE	ED						
					SHEETS TO		OTAL INDEPENDENT	
35 USC 119 (a-d) conditions met yes Met after Allowance Verified and Acknowledged Examiner's Signature Initials CA				DR			AIMS 59	CLAIMS 6
ADDRESS 47973 WORKMAN NYDEGGI 1000 EAGLE GATE TO 60 EAST SOUTH TEM SALT LAKE CITY, UT 84111	OWER √ PLE							
TITLE Spatially transcoding a	video stream							
				All Fees				
FILING FEE FE	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:				1.16 Fees (Filing)			
RECEIVED No					1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue)			
1744				Other				
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